

Fax _____ Date _____

Operation: _____ Code: _____

Task: _____ Shift: _____ Frequency of Operation: _____ Duration of Operation: _____

Respirator: _____ Code: _____

PPE: _____ ☐ Y/N/U Code(s): _____ Y/N

Product Used: _____

Ventilation: _____ Meets Specs: _____ Used: _____

Employee exposure during the unsampled period is: _____ The same as the sampled period _____ Zero _____

Duration (minutes) Flow Rate (liters/minute) Volume (liters) Sample # Laboratory #						
Stressor/CAS#	LOD	Results/ Units	Results/ Units	Results/ Units	Results/ Units	8 hr TWA
1						
2						
3						
4						

5						
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Date Received: _____ Analytical Method: _____

Comments: _____

Analysis Performed By: _____ Date Analyzed: _____

Analysis Reviewed By: _____ Date Reported: _____

Field Sample ID				
Media				
Lot/Tube #	(Mfg)	(Model)	(Type)	(Serial #)
Expiration Date	(Mfg)	(Model)	(Type)	(Serial #)
Time Off				
Time On				
Pump Check(s)				

Collection Instrument: _____

Calibrator: _____

Pre Calibration Date: _____ Pre Calibration Flow Rate: _____

Post Calibration Date: _____ Post Calibration Flow Rate: _____

Calibrated By: _____ Lowest Flow Rate: _____

Calculations:

[illegible]